

TANF WORK HOURS VERIFICATION/DOCUMENTATION CHECKLIST

Customer's Name (last, first) (both if 2P)	Customer's ID# (both if 2P)	KAECSES #	Sample MO/YR
SAR reports HH as (circle one): 1P 2P OP (employed parent)	After adjustment(if any) HH is: 1P 2P OP (employed parent)	Check if appropriate: <input type="radio"/> Child <6 <input type="radio"/> Teen Parent <input type="radio"/> No child care for 2P HH	AVG weekly hrs of verified participation

PARTICIATION	VERIFICATION DOCUMENTS ATTACHED	HOURS	CASE MGR
1P case: Employed			
2P case: Employed? Yes No Other activities meeting participation? Yes No Activity:			
OP Case: Parents on case only: Employed			

INSTRUCTIONS:

Report and verify **EMPLOYMENT ONLY** for **1P** cases.

Report and **verify all activities meeting participation requirements** for all **2P** cases

Report and verify **EMPLOYMENT ONLY** for all parents on **OP** cases (SSI, IA, etc)

NOTE: For ALL CASES pulled for the sample, please note ACHR with either ZH to document case was reviewed and there was no employment or participation in an activity meeting federal requirements or HC to note case was reviewed and participation was met and is documented.

Signature: _____ Date: _____

Case Manager